

MINOR SITE PLAN & PLAN REVISION

APPLICATION



January 1, 2015

Beginning July 1, 2012, per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until **June 18, 2017.**

STAFFORD COUNTY DEPARTMENT OF PLANNING & ZONING

**1300 COURTHOUSE ROAD
P O BOX 339
STAFFORD, VIRGINIA 22555-0339**

**PHONE: 540-658-8668
FAX: 540-658-6824**

www.staffordcountyva.gov

MINOR SITE PLAN PROCESS

Per Stafford County Code, Section 28-25 “Definitions of Specific Terms” states a minor site plan are “Any nonresidential development involving construction or land disturbance totaling a minimum of one thousand (1,000) square feet and less than two thousand five hundred (2,500) square feet, or any change of use where additional parking is required, or any enlargement to an existing building or structure where there is no change to the construction footprint.”

1. The plan is initially reviewed by all appropriate county and state agencies/departments. All county departments plan review and comments can be viewed on the Integrated Web Response System (IWR) at <http://hello.stafford.va.us>.
2. The Engineer/Applicant addresses all outstanding comments. Resubmit plans for every outstanding review plus one for file for 2nd review. Changes to plans shall be resubmitted within 120 days of last County comments received per ordinance 28-251.
3. After all comments are addressed submit eight (8) copies for final signature.
4. Approved copies shall be picked up by the applicant and are distributed to appropriate agencies.
5. Applicant applies for building/occupancy permits in the Department of Public Works (Phone # 540-658-8650).
6. Prior to issuance of an occupancy permit, any necessary deeds and plats for onsite water, sewer, and storm drainage must be approved and recorded.
7. Securities are required for SWM, Grading and E&S prior to Grading Permit issuance.
8. Landscaping is required to be installed prior to final occupancy permit, unless securities posted prior to occupancy permit.
9. Site As-built Plan application must be submitted to the Department of Planning and Zoning at least one week prior to issuance of an occupancy permit, Contact the Department of Planning and Zoning (540) 658-8668 for information.

Application Submittal Checklist

A complete application includes:

- ☐ Completed **“Project Information and Primary Contacts”** form
- ☐ Complete **“Detailed Project Description”** Form
- ☐ Completed **“Minor Site Plan Review Fee Calculation”** form and appropriate fees payable to the “County of Stafford” **including the 2.75% TECHNOLOGY FEE.**
- ☐ Signed **“Statement of Understanding”** from the owner(s) and applicant
- ☐ Completed **“Checklist for Minor Site Plans”**
- ☐ Eight (8) sets of plans

RECEIVED:

DATE: _____ INITIALS _____

OFFICIALLY SUBMITTED:

DATE: _____ INITIALS _____

Project Information & Primary Contacts

Major SP	<input type="checkbox"/>	Cluster Concept Plan	<input type="checkbox"/>
Infrastructure Plan	<input type="checkbox"/>	Preliminary Plan	<input type="checkbox"/>
Minor SP	<input type="checkbox"/>	Construction Plan	<input type="checkbox"/>
Grading Plan	<input type="checkbox"/>	Technical Change	<input type="checkbox"/>

Minor Plat	<input type="checkbox"/>	Final Subd. Plat	<input type="checkbox"/>
BLA/DED/VACA	<input type="checkbox"/>	Family Subd. Plat	<input type="checkbox"/>

PROJECT INFORMATION

PROJECT # _____

PROJECT NAME

SECTION

ADDRESS (IF AVAILABLE)

TOTAL SITE ACREAGE

TAX MAP /PARCEL(S)

ZONING DISTRICT

LOCATION OF PROJECT

APPLICANT/AGENT

Primary Contact Person ☐

NAME

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

OWNER (Provide attachments if multiple owners)

Primary Contact Person ☐

NAME

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

PROFESSIONAL (Engineer, Surveyor, etc.)

Primary Contact Person ☐

NAME

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

Detailed Project Description

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT:

Detailed Project Description

REQUIRED CALCULATIONS

_____ # Gross Total acres

_____ # Disturbed acres

☐ REVISION

OPTIONS

☐ Addition

☐ Change of Use

☐ Reconstruction

☐ New Construction

BUILDING USE: _____

of Building Sq. Ft _____

Are/were there any **CONDITIONS** associated with this application?

Please provide Project Application Number:

Conditional Use Permit(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Resolution(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Rezoning(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Ordinance(s)/Proffers	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Zoning Appeal(s), Variance(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Special Exception(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Waiver(s), Appeal(s), Exception(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO

Minor Site Plan
REVIEW FEE CALCULATION

*** Total application fee includes **ONLY** the 1st & 2nd Reviews

*** Total application fee is for the administrative process and review of this application, and does not constitute an approval of this plan.

Fee Calculation:

A. Base Fee	\$ <u>1,630.00</u>
	44.83

Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.

TOTAL	\$ <u>1,674.83</u>
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All 3rd and subsequent Review Fees are as follows:

Planning & Zoning	(\$650.00)
Major Water Quality Impact Review (if required)	(\$500.00)

Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.

Revisions to Minor Site Plan

A. Revision to Minor Site Plan	\$ <u>900.00</u>
	24.75

Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.

\$ <u>924.75</u>

THE ABOVE FEES ARE TO BE MADE PAYABLE TO: **COUNTY OF STAFFORD**

STATEMENTS OF UNDERSTANDING

I, as owner(s) of the property subject to this application, do hereby certify that I have read and understand the requirements for the submission of minor site plans for review and approval as provided under Chapter 28 of the Stafford County Code, and further that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning district(s) in which this project is located.

Signature of Owner/Co Owner	Printed Name	Date
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Signature of Owner/Co Owner	Printed Name	Date
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Signature of Owner/Co Owner	Printed Name	Date
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I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have read and understand the requirements for the submission of minor site plans for review and approval as provided under Chapter 28 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning district(s) in which this project is located.

Signature of Applicant/Agent	Printed Name	Date
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CHECKLIST FOR MINOR SITE DEVELOPMENT PLANS

This check list is to be completed by the plan preparer and shall be submitted as part of the application.

Refer to the appropriate sections of the Stafford County Code of Ordinances.

N/A	COMPLETE	Submission Requirements
<input type="checkbox"/>	<input type="checkbox"/>	28-247 NAME OF PLAN PREPARER
<input type="checkbox"/>	<input type="checkbox"/>	28-247 NORTH ARROW
<input type="checkbox"/>	<input type="checkbox"/>	28-247 SCALE 1"=50' OR LARGER
<input type="checkbox"/>	<input type="checkbox"/>	28-247 MINIMUM PLAN SIZE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.1 PROPOSED BOUNDARIES/SURVEY
<input type="checkbox"/>	<input type="checkbox"/>	28-247.1 PROPOSED BKDG SETBACK LINES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.2 LOCATION OF PROPOSED STRUCTURES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.2 DIMENSIONS OF PROPOSED STRUCTURES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 LOCATION OF EXISTING & REQUIRED PKING
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 LOCATION OF REQ LOADING SPACE/SIZE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 LOCATION OF HANDICAP SPACES/SIZE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.3 DIMENSION OF HANDICAP ACCESS AISLE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.4 EXISTING/PROPOSED ENTRANCE
<input type="checkbox"/>	<input type="checkbox"/>	28-247.7 ZONING DESIGNATION
<input type="checkbox"/>	<input type="checkbox"/>	28-247.7 PROFFERS/CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	28-247.7 ZONING/USE/TM/LR# OF ADJOINING USES
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 SIGNATURE LINE FOR AGENT
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 ASSESOR'S PARCEL NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 EXISTING/LOCATION OF EASEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 NAME/ADDRESS OF OWNER/APPLICANT
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 DATE OF PLAN
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 MAGISTERIAL DISTRICT
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 PROJECT NAME
<input type="checkbox"/>	<input type="checkbox"/>	28-247.8 OTHER

I, _____ duly licensed/certified in the Commonwealth Of Virginia, do hereby certify that the plan submitted with this checklist conforms to the requirements of the Stafford County Code. I further certify that the above checklist is both complete and accurate.

Signature of Plan Designer

Certification